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Bib Data Sheet

CONFIRMATION NO. 1256

SERIAL NUMBER 10/724,561	FILING DATE 11/26/2003 RULE	CLASS 330	GROUP ART UNIT 2817	ATTORNEY DOCKET NO. M-15293 US
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** CONTINUING DATA *****

None PN

** FOREIGN APPLICATIONS *****

None PN

IF REQUIRED, FOREIGN FILING LICENSE GRANTED ** SMALL ENTITY **

** 03/02/2004

Foreign Priority claimed	<input type="checkbox"/> yes <input checked="" type="checkbox"/> no	STATE OR COUNTRY	SHEETS DRAWING	TOTAL CLAIMS	INDEPENDENT CLAIMS
35 USC 119 (a-d) conditions met	<input type="checkbox"/> yes <input checked="" type="checkbox"/> no <input type="checkbox"/> Met after Allowance	CA	6	16	2
Verified and Acknowledged	Examiner's Signature Initials				

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TITLE

Analog signal interpolation

FILING FEE RECEIVED 450	FEES: Authority has been given in Paper No. _____ to charge/credit DEPOSIT ACCOUNT No. _____ for following:	<input type="checkbox"/> All Fees <input type="checkbox"/> 1.16 Fees (Filing) <input type="checkbox"/> 1.17 Fees (Processing Ext. of time) <input type="checkbox"/> 1.18 Fees (Issue)
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